

**Fiscal Year
2012-2013**

City of Cumberland
Housing Inspection Form

RRLA#

Inspection Checklist

2008 Housing Code, Ordinance #3597

Lead Certificate Provided at Time of Inspection:

☐ Visual ☐ Copy Provided ☐ Exempt

License Verified: ☐ Yes ☐ No

A. General Information:

INSPECTOR: ☐ David Cox ☐ Chris Gay

Inspection Address:	Unit No./Loc.	Property Tax Number:	Scanned _____	Keep Permanent _____
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Owner's Name:	Owner's Phone No:	Type of Inspection: IRF <input type="checkbox"/> Complaint <input type="checkbox"/> Vacant Required <input type="checkbox"/>
Owner's Address:		Sch. Insp. Date: _____ Time: _____

Registered Agent (If Applicable):	Agent's Phone No:	Re-Sch. Insp. Date: _____ Time: _____
Registered Agent's Address:		Re-Sch. Insp. Date: _____ Time: _____

Tenant's Name if Unit is Occupied:	Tenant's Telephone No.:	Re-Inspection Date: _____ Time: _____ (30 Days)
<input type="checkbox"/> Unit Vacant		

B. Housing Type: (Check one)

☐ Single Family Dwelling (☐ Attached ☐ Detached) ☐ Row/Town House ☐ Efficiency Unit ☐ Low Rise: 3,4 Stories
☐ Duplex or Two Family (Single Owner) ☐ High Rise: 5/More Stories ☐ Boarding House ☐ Other: _____

Number of Dwelling Units:	TOTAL _____	VACANT _____	Number of Stories	TOTAL _____	VACANT _____	Maximum Allowable Number of Occupants in Dwelling Unit: _____
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C. Unit Summary Decision: (To be completed after form has been filled out.)

☐ PASS ☐ PASS W / CMMT ☐ FAIL ☐ INCONCLUSIVE

Comments: _____

D. Inspection Checklist (INTERIOR)

General

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
303(b)(2)	Apartment Entrance Door (Unit No. & Type)				2" High Lettering (Solid Core/20 Min Fire Rating Required after 7/1/10)	
277	Lighting of Halls and Stairs					
303(a)(4)	Handrails (3 or more risers)					
273	Exit Signs					

D. Inspection Checklist (Interior) - Cont'd

Living Room : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-_____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
272	Fire Alarm System					
274	Ventilation & Light					
279. 280	Electrical Outlets & Fixtures					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions (Owner/Tenant)					
305	Chip & Peel Paint					
Other						

Dining Room : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-_____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
272	Fire Alarm System					
274	Ventilation & Light					
279. 280	Electrical Outlets & Fixtures					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions (Owner/Tenant)					
305	Chip & Peel Paint					
Other						

Kitchen : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-_____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
262	Sinks (Hot/ Cold)					
265	Water Heating Facilities					
266	Plumbing Installation/ Main.					
267	Facilities (Stove, Frig, Storage Space & Durable/ Washable Countertop 4SF)					
274	Mechanical Ventilation & Light					
279. 280, 281	Electrical Outlets & Fixtures					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions (Owner/Tenant)					
305	Chip & Peel Paint					
Other						

D. Inspection Checklist (Interior) - Cont'd**Toilet Facility (1/2 Bath):** ROOM SIZE Length _____' X _____' Width = _____ Sq. Ft. = _____

Code Sect. 5-_____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
262	Sinks (+Hot/ Cold)					
263	Toilet Facility					
266	Plumbing Installation/ Main.					
279. 280	Electrical Outlets & Fixtures					
263	Impervious Surface					
263, 324	Privacy					
305	Chip & Peel Paint					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

Toilet Facility (Main Bathroom): ROOM SIZE Length _____' X _____' Width = _____ Sq. Ft. = _____

Code Sect. 5-_____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
262/264	Sinks & Bathing Facility (+Hot/ Cold)					
263	Toilet Facility					
266	Plumbing Installation/ Main.					
275	Mechanical Ventilation					
279. 280	Electrical Outlets & Fixtures					
263	Impervious Surface					
263, 324	Privacy					
305	Chip & Peel Paint					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

D. Inspection Checklist (Interior) - Cont'd
Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants _____

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
282, 283, 284, 350	Heating Facilities					
501 & 702	Sanitary Maintenance					
503 (B) & 505	Interior Conditions					
305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants _____

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
282, 283, 284, 350	Heating Facilities					
501 & 702	Sanitary Maintenance					
503 (B) & 505	Interior Conditions					
305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

D. Inspection Checklist (Interior) - Cont'd
Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants _____

Code No:	Code Item	Yes Pass	No Fail	Incon- clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
282, 283, 284, 350	Heating Facilities					
501 & 702	Sanitary Maintenance					
503 (B) & 505	Interior Conditions					
305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions (Owner/Tenant)					
Other						

Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants _____

Code No:	Code Item	Yes Pass	No Fail	Incon- clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
282, 283, 284, 350	Heating Facilities					
501 & 702	Sanitary Maintenance					
503 (B) & 505	Interior Conditions					
305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions (Owner/Tenant)					
Other						

D. Inspection Checklist (Interior) - *Cont'd*

Basement

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
261	Water Supply					
262	Sinks					
282	Heating Facilities					
283	Central Heating Units					
265-284	Space & Hot Water Heating Units				<input type="checkbox"/> Install Pressure-Relief, Blow Off Tube	
323	Basement Occupancy					
Other						
Other						

E. Inspection Checklist (Exterior Conditions)

	Good	Poor	N/A	Comments
Roofing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rain Gutters & Spouting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chimney.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior Paint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Porches, Stairs, Railing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F. General Health And Safety

	Yes	No		Comments
Structure Properly Addressed ..	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of Infestation.....	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage and Debris.....	<input type="checkbox"/>	<input type="checkbox"/>		
Other Interior Hazards.....	<input type="checkbox"/>	<input type="checkbox"/>		
Refuse Disposal Area.....	<input type="checkbox"/>	<input type="checkbox"/>		
Animal Confinement Area	<input type="checkbox"/>	<input type="checkbox"/>		
	Good	Poor	N/A	Comments
Access to Unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Exits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Stairs & Common Halls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elevators.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Air Quality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neighborhood Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

G. Questions to Ask Tenants (Optional)

- Does the owner make repairs when asked? ☐ Yes ☐ No
- How many people live there? _____.

H. General Comments
